

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	03/01/2020 11:23
Date Of Accident	03/01/2020 07:15
Exact Location Of Accident	SLE (NEAR WOODLANDS AVE 12) TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD6255S
Insured/Policyholder	
Name Of Registered Owner	JAMES BROTHERS
Co Reg No	5XXXX466J
Email Address	SONNYPINGOL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91847377
Alternative Phone No	OFFICE-91847377
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001007
Cover Note Number	
Driver	
Name of Driver	SANTIAGO SUPAN PINGOL
NRIC No	SXXXX760F
Date Of Birth	25/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91847377
Fax Number	
Contact Number	
Email Address	SONNYPINGOL@GMAIL.COM

Address	BLK 467A ADMIRALTY DRIVE #07-171
Postcode	751467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : S K BABU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TO BE SENT UPON REQUEST
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB7018H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RAHMAN BIN MOHAMED GHANI
NRIC/Passport Number	SXXXX051H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SANTIAGO SUPAN PINGOL
Approximate Age	
Injuries Sustain	NECK, SHOULDER, BACK PAIN
Injured person in which vehicle?	SMD6255S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	S K BABU
Approximate Age	
Injuries Sustain	NECK, SHOULDER, BACK PAIN
Injured person in which vehicle?	SMD6255S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan


SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:



- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature: 

Date & Time: 3/1/2020
11.45am

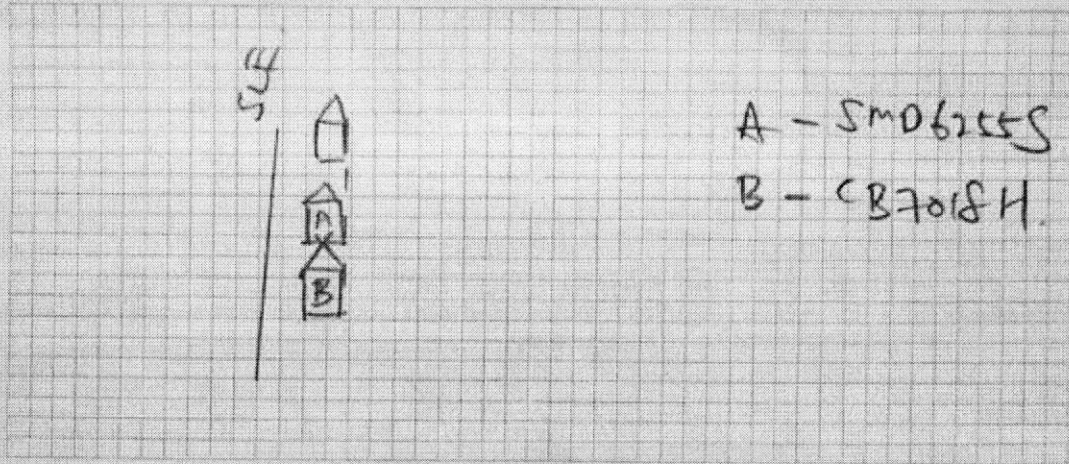
Driver's Signature:

(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature: 
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering SCE and slow down because the vehicle ahead slow down when suddenly minibus B collided hard into the rear of my vehicle.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time: 3/1/2020
11:45am

QUANG TRI PHUONG, VJ

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Police Report



**SINGAPORE
POLICE FORCE**



T/20200103/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200103/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 15:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SANTIAGO SUPAN PINGOL			Address: 467A ADMIRALTY DRIVE #07-171 SINGAPORE 751467		
ID Type / ID No.: NRIC NO / S2723760F			Contact No.: Home/Office: Mobile: 91847377		
Nationality: SINGAPORE CITIZEN			Email: SONNY_PINGOL@YAHOO.COM		
Sex: Male	Age: 53	Date of Birth: 25/07/1966	Type of Informant: Driver		
Race: Filipino			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2020 02:55	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7018H	Van	TOYOTA	hi ace	Grey	Slightly Damaged	6
SMD6255S	Car	HONDA	freed	White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD6255S	FWD Singapore Pte. Ltd			

Police Report



**SINGAPORE
POLICE FORCE**



T/20200103/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200103/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL RAHMAN BIN MOHAMED GHANI	ID No.	S130805H
Related Vehicle	CB7018H (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SANTIAGO SUPAN PINGOL	ID No.	S2723760F
Related Vehicle	SMD6255S (Car)	Contact No.	91847377
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/01/2020	Date Discharge	03/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	S K BABU	ID No.	NIL
Related Vehicle	SMD6255S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/20200103/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200103/7015

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Driving towards SLE exiting from Woodlands Ave 12, as about to merge to SLE, the front car stop to give way, I also slow down to stop then suddenly the Toyota Van hit my car behind. Me and my passenger suffered neck injury, I have seen the GP Doctor and was sent me for X-ray at SATA and was given 2 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200103/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200103/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/01/2020 15:19

Classification Of Case: